PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application on Docket Number

MR 2663-77

		CL AIREC A	CEUED				-					
 		CLAIMS A	S FILED - PART I (Column 1) (Colu			lumn 2)	SMALL ENTITY TYPE			OR		R THAN ENTITY
Т	OTAL CLAIM	S	20			•]	RATE	FEE	^{تن} ٦	RATE	FEE
F	OR		NUMBER FILED		NUMBER EXTRA		1	BASIC FE	- [-	OB	BASIC FEE	
Τ¢	OTAL CHARGE	ABLE CLAIMS	20 mi	inus 20=	• 0			XS 9=		OR	7010	
IN	DEPENDENT (CLAIMS	2 m	ninus 3 =	* &			X43=	 	┪	X86=	
М	JLTIPLE DEPE	NDENT CLAIM F	PRESENT						 	OR		 -
* If the difference in column 1 is less than zero.					"0" in	column 2		+145=	-	OR	L	
CLAIMS AS AMENDED - PART II							TOTAL	<u></u>	OR	TOTAL	770	
		(Column 1)		(Colum	nn 2)	(Column 3)		SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* ENTATION OF MI	Minus	PENDENT	CL AIN	=		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
							Ļ	TOTAL		- I	TOTAL	
		A	DDIT. FEE	<u> </u>	JOR ,	ADDIT. FEE						
		(Column 1)		(Colum		(Column 3)				-		
AMENDMENT B		REMAINING AFTER AMENDMENT	·	NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	<u> </u>	Minus	***		=		X43=		1	X86=	_
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┞	7402		OR	×00=	
								+145=		OR	+290=	•
								TOTAL DDIT. FEE	·	OR A	TOTAL DDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent		Minus	***		=	\vdash	X43=				
	FIRST PRESE	NTATION OF MU		-	A40=		OR _	X86=	[
• If	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	·
11	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."							TOTAL DIT. FEE		OR A	TOTAL ODIT, FEE	
T	he *Highest Num	noer Previously Paid ber Previously Paid	For (Total or	SPACE is le Independent	ess than) is the I	13, enter "3." highest number		–	opriate box			
						•						I